

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90161 003 \*\*\*158.75

0349496 AV

**DOCUMENT # P98000070289**

**1. Entity Name**  
**BETTO CORP.**



**Principal Place of Business**

**1 LAS OLAS CIRCLE**  
**SUITE 202 OLD**  
**FORT LAUDERDALE FL 33316**

**Mailing Address**

**1 LAS OLAS CIRCLE**  
**SUITE 202 OLD**  
**FORT LAUDERDALE FL 33316**

**2. Principal Place of Business**

**225 NE MIZNER BLVD.**  
**Suite, Apt. #, etc.**  
**300**

**3. Mailing Address**

**7783 GREAT OAK DR.**  
**Suite, Apt. #, etc.**



☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**BOLTA RATON, FL**

**Zip**  
**33432**

**Country**  
**USA**

**City & State**  
**LAKE WORTH, FL**

**Zip**  
**33467**

**Country**  
**USA**

**4. FEI Number**  
**65-0854936**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GAYNES, DAVID M ESQ**  
**7153 CATANIA DRIVE**  
**BOYNTON BEACH FL 33437**

**7. Name and Address of New Registered Agent**

**Name** **ROBERT BADOLATO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7783 GREAT OAK DR.**  
**LAKE WORTH**  
**City** **LAKE WORTH** **FL** **33467**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-7-3**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <b>BADOLATO, ROBERT A</b> <b>1 LAS OLAS CIRCLE, SUITE 202</b> <b>FORT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>BADOLATO, ROBERT A</b> <b>7783 GREAT OAK DR.</b> <b>LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-3**

Date

**561-966-9027**

Daytime Phone #

CR2E034 (10/02)